

**UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA  
SAN FRANCISCO, CALIFORNIA**

## Emilio Morales

**Plaintiff,**

**VS.**

**Michael Chertoff, as Secretary of the** )  
**Department of Homeland Security;** )  
**Emilio Gonzales, Director of U.S. Citizen and** )  
**Immigration Services;** )  
**Robert S. Mueller, Director of Federal Bureau of** )  
**Investigations;** )

## Defendants

**Case No. C 07-02991 MJJ**

### Certificate of Service

I, **Emilio Morales**, certify that on June 12, 2007, I caused a copy of the following documents:

- a. Summons in a civil case
- b. Complaint for Mandamus

to be served on the following defendants listed below by USPS Certified Mail with Return Receipt Requested:

- A. Certified Mail # EB 129751882US  
US Attorney's Office  
450 Golden Gate Ave., 11<sup>th</sup> Floor  
San Francisco, CA 94102**
- B. Certified Mail # EB129751803US  
Michael Chertoff  
Secretary of the Department of Homeland Security  
US Department of Homeland Security  
Washington, D.C., 20528**

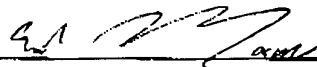
1 C. Certified Mail # EB129751896US  
2 Robert S. Meuller, III,  
3 Director of the Federal Bureau of Investigation  
4 Federal Bureau of Investigation  
5 J. Edgar Hoover Building  
6 935 Pennsylvania Avenue, NW  
7 Washington, DC 20535-0001

8  
9 D. Certified Mail # EB129751817US  
10 Emilio T. Gonzales,  
11 Director of U.S. Citizen and Immigration Services

12  
13 Please refer to the attached copies of the USPS mail tracking results with Certified Mail  
14 Receipts.

15 I declare under penalty of perjury that the foregoing information is true and correct.  
16  
17  
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22  
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26  
27  
28

Date: August 7, 2007



Emilio Morales  
3803 Darwin Dr., Apt # 204  
Fremont, CA 94555  
Tel: 510-797-4951  
Email: emiliomrls@yahoo.com

(Case No: C07-02991 MJJ)

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

SCOTT N. SCHOOLS  
450 BOLDEN GATE AVE.  
BOX 36055  
SEATTLE, WA 98102

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X *Signature*
☒ Agent  
☐ Addressee
B. Received by *Printed Name* C. Date of Delivery*Signature* *08/07/07*
D. Is delivery address different from item 1? ☐ Yes  
☒ No  
If YES, enter delivery address below:

## 3. Service Type

☒ Registered Mail ☒ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

## 2. Article Number

(Transfer from service label)

EB 12975188205

Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540



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Your item was delivered at 11:12 AM on June 13, 2007 in SAN FRANCISCO, CA 94102. The item was signed for by R BOOTH.

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